

| | | | | | |
|--|--------------------------------------|--------------------------------------|--|--------------------------------|---------------------------------|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | Docket No. SDF 04-14 | |
| Applicant(s): Joel R. Studin | | | | | |
| Application No. 10/829,316 | Filing Date April 21, 2004 | Examiner Sheikh, Humera N. | Customer No. 31764 | Group Art Unit 1615 | Confirmation No. 5671 |
| Invention: Method and Composition For The Treatment Of Scars | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | 19 - | 20 = | 0 | x \$25.00 | \$0.00 |
| INDEP. CLAIMS | 2 - | 3 = | 0 | x \$105.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$0.00 |
| <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502156 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| /Phillip R. Kiefer/ <i>Signature</i> | | | Dated: May 7, 2008 | | |
| Phillip R. Kiefer Reg. No. 55,326 Frenkel & Associates, P.C. 3975 University Drive, Suite 330 Fairfax, VA 22030 Phone: 703-246-9641 Facsimile: 703-246-9646 | | | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on May 7, 2008 _____ (Date) | | |
| cc: | | | /Phillip R. Kiefer/ | | |
| | | | Signature of Person Mailing Correspondence | | |
| | | | Phillip R. Kiefer | | |
| | | | Typed or Printed Name of Person Mailing Correspondence | | |